

LEA MEDI-CAL ADMINISTRATIVE ACTIVITIES (MAA) DETAIL INVOICE

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V. FFP CALCULATIONS SAMPLE

Claiming Unit Name: Sutter County Office of Ed
 DHS Contractor (Region): LEC Region 3
 Contract #: 99-8573
 LEA M/C Billing Opt. Provider #: #####

Date: 2/14/2003
 Contract Year/Qtr.: 99/00-1
 Period of Service: July - Sept

A		B	C	D	E	F	G
COST SUMMARY		TOTAL COSTS	MAA TIME SURVEY	Direct Charge	Direct Charge	OTHERS	ALLOCATED
			participant	participant	Non-Claimable	NON CLAIMABLE	general admin
62	Personnel Costs	2,420,755	234,460	21,350	17,650	1,486,138	661,157
63	Allocated Other Costs	2,597,403	346,094	31,515	26,054	2,193,739	-
64	Allocated General Admin. Costs	-	88,097	8,022	6,632	558,406	(661,157)
65	Indirect Costs	501,816	66,865	6,089	5,034	423,828	-
66	TOTAL COSTS	5,018,158	735,516	66,976	55,369	4,662,112	-
REVENUE OFFSET		TOTAL REVENUES					Non offset funding
67	TOTAL REVENUE DEDUCTIONS	4,064,975	100,000	0		753,223	3,211,752
MAA CLAIMABLE COSTS							
68	total costs less rev offset	702,493	635,516	66,976			
APPLY MEDI-CAL %							
69	Participant @ 50%		12.12%				
70	Direct Charge			100.00%			
FFP COMPUTATION		FEDERAL FINANCIAL PARTICIPATION					
71	not discounted	\$ 33,488		\$ 33,488			
72	discounted	\$ 38,527	\$ 38,527				
FEDERAL SHARE CLAIM SUMMARY		TOTAL FEDERAL SHARE	participant	participant			
73	TOTAL FEDERAL SHARE	72,015	\$ 38,527	\$ 33,488			

I certify under penalty of perjury that the information provided on this invoice is true and correct, based on actual expenditures for the period claimed, that the funds/contributions have been expended as necessary for federal matching funds pursuant to the requirements of 42 CFR 433.51 for allowable activities and that these claimed expenditures have not previously been, nor will subsequently be, used for the federal match for this or any other program. Furthermore, I certify that the revenue sources identified in this invoice represent accurate and identifiable costs for the program/claiming entity and that the direct charges have been properly identified and allocated. I have notice that this information is to be used for filing of a claim with the Federal government for federal funds and that knowing misrepresentation constitutes a violation of the Federal False Claims Act.

SAMPLE

Signature

Typed Name of Signer

Title

Date

Telephone #

Typed Name of Preparer

Classification